



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

<http://www.viriniamedicaid.dmas.virginia.gov>

ELECTRONIC SUBMISSION OF CLAIMS APPLICATION

All Virginia Medicaid providers that enroll on or after October 1, 2011 must submit all claims electronically by Electronic Data Interchange (EDI) or Direct Data Entry (DDE). Any provider who cannot comply with the electronic claims submission requirement may request an exemption from DMAS for good cause shown. Good cause may include, but is not limited to, the unavailability of the infrastructure necessary to support electronic claims submission in the provider's geographic region, no mechanism for electronic submission for the particular claim type, or financial hardship. Providers requesting an exemption from electronic submission of claims must attach justification describing why they cannot submit their claims electronically.

Please keep in mind the following when enrolling:

- Submit one form for each NPI or API as appropriate.
- All payments for each NPI or API must go to the same account.
- Form should be signed and dated.

Virginia Medicaid Provider Enrollment Services
PO Box 26803
Richmond, VA 23261-6803
804-270-7027 or 888-335-8476 (Fax)

Electronic Claims Submission Application

PROVIDER INFORMATION

National Provider Identification (NPI) Number: _____

Provider Name: _____

Provider Tax Identification Number (TIN): _____

CLAIMS SUBMISSIONS

Electronic Data Interchange (EDI)

1. ☐ Yes I would like to request participation in electronic claims submission and remittance advices as part of my enrollment with Virginia Medicaid and FAMIS. Please have an ACS Electronic Data Interchange (EDI) Coordinator contact me or my Billing Representative to begin the registration process for electronic claims submission and/or electronic remittance advices.

2. EDI Billing Representative Contact Name: _____

3. EDI Billing Representative Contact Phone Number: _____

Claims Direct Data Entry (DDE)

4. ☐ I have elected to submit my claim(s) electronically via Claims Direct Data Entry through the Virginia Medicaid Web Portal.

Electronic Claims Exemption

5. ☐ I am filing for an exemption to submit my claim(s) electronically at this time for the following reasons:

☐ Unavailability of the infrastructure necessary to support electronic claims submission in my geographic region. (If checked please submit supporting documentation)

☐ No mechanism for electronic submission for the particular claim types I bill Virginia Medicaid. (If checked please submit supporting documentation)

☐ Financial Hardship (if checked please submit supporting documentation)

☐ Other (If checked please submit supporting documentation)

Authorized Signature _____ Date _____